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7590 06/24/2005

Ryan Mason & Lewis, LLP  
1300 Post Road, Suite 205  
Fairfield, CT 06824

08/01/2005 MBEYENE2 00000030 500510 09549432

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09549432	04/14/2000	Fausto Bernardini	YOR000084US1	9324

TITLE OF INVENTION: METHOD AND APPARATUS FOR RECONSTRUCTING A SURFACE USING A BALL-PIVOTING ALGORITHM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/26/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAY, HERNG DER	2128	703-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	Ryan, Mason & Lewis, LLP
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 Sathesh K. Karra, Esq. 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business  
Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, NY, USA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0510 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kevin M. Mason

Date July 25, 2005

Typed or printed name Kevin M. Mason

Registration No. 36,597

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